

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent #	10/5/9910		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing		1	1/3/05	\$ 50
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition				\$
Issue				\$
Cert of Correction/Terminal Disc.				\$
Maintenance				\$
Assignment				\$
Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 50	
		8 TO BE REFUNDED BY:		
		<input type="checkbox"/> Treasury Check		
		<input checked="" type="checkbox"/> Credit Deposit A/C #:	9 05-0649	
10 REASON:				
<input checked="" type="checkbox"/> Overpayment				
Duplicate Payment				
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		A. Johnson		
SIGNATURE:		A. Johnson		
OFFICE:		PCT		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED:		DATE:		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B